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P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(703) 746-4000**

**MAR 21 2005**

**or Fax**

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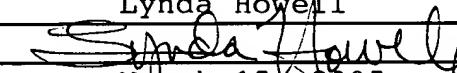
028046 7590 12/15/2004

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**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Lynda Howell

(Depositor's name)



(Signature)

March 15, 2005

(Date)

03/22/2005 ZJUHARZ 00000082 502402 09682236

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/682,236	08/08/2001	David Pincus	GEMS0132/YOD	9895

TITLE OF INVENTION: METHOD AND APPARATUS FOR ACCESSING MEDICAL ASSET DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOLLOWAY III, EDWIN C	2635	340-010510

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE Medical Technology  
Services, Inc.

Pewaukee, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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4b. Payment of Fee(s):

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies \_\_\_\_\_

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2402 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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Date 3/15/2005

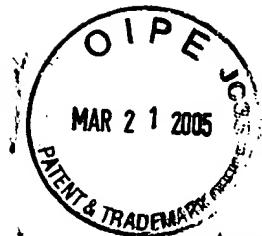
Typed or printed name \_\_\_\_\_

Patrick S. Yoder

Registration No. 37,479

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

David Pincus

Serial No.: 09/682,236

Filed: August 8, 2001

For: METHOD AND APPARATUS FOR  
ACCESSING MEDICAL ASSET  
DATA

§ Group Art Unit: 2635

§ Examiner: Holloway III, Edwin C.

§ Atty. Docket: GEMS:0132/YOD  
15-SV-5897

**MAIL STOP ISSUE FEE**

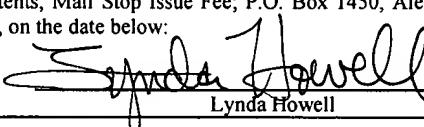
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CERTIFICATE OF MAILING  
37 C.F.R. 1.8

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March 15, 2005

Date



Lynda Howell

Sir:

**TRANSMITTAL LETTER FOR SUBMISSION OF ISSUE FEE  
AND PUBLICATION FEE**

In response to the Notice of Allowance and Fee(s) Due mailed December 15, 2004, please charge the requisite Issue Fee of \$1,400.00, Publication Fee of \$300.00 and any additional fees which may be required, to Deposit Account No. 50-2402; Order No. 15-SV-5897/YOD (GEMS:0132).

Respectfully submitted,

Date: 3/15/2005

*Rej*  
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